

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G622		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/09/2014	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 7520 KILMER LN INDIANAPOLIS, IN 46256			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 06/09/14</p> <p>Facility Number: 001159 Provider Number: 15G622 AIM Number: 100245690</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Community Alternatives - Adept was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, in all living areas and in all bedrooms. The facility has a capacity of 5 and had a census of 5 at the time of this survey.</p>		K010000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K01S051	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/12/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 manual fire alarm systems was maintained in accordance with Section</p>		K01S051	<p><b>CORRECTION:</b> <i>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Specifically, the contracted alarm service will provide</i></p>		07/09/2014	

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	<p>9.6. Section 9.6.1.4 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, Table 7-3.2 states all initiating devices shall be functional tested annually. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Superior Systems &amp; Supply Inc. "Fire Alarm: Periodic Fire Alarm Inspection and Testing Report" dated 06/12/13 during record review with the Maintenance Aide from 9:20 a.m. to 10:20 a.m. on 06/09/14, documentation of the location and results of manual fire alarm box testing in the facility within the most recent twelve month period was not available for review. The aforementioned documentation only stated a total of four fire alarm boxes were located in the facility. Based on interview at the time of record review, the Maintenance Aide stated no other documentation was available for review indicating the results of functional testing of manual fire alarm box locations within the most recent twelve month period. Based on observation with the Maintenance Aide during a tour of the facility from 10:20 a.m. to 10:40 a.m. on</p>				<p>documentation of the location and results of manual fire alarm box testing in the facility within the most recent twelve month period.</p> <p><b>PREVENTION:</b> Copies of documentation of the location and results of manual fire alarm box testing in the facility within the most recent twelve month period will be maintained with other inspection records at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Maintenance Team, Operations Team</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2014  
FORM APPROVED  
OMB NO. 0938-0391

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	06/09/14, four manual fire alarm boxes were installed in the facility.						